



ext.221
Fax (573) 221-8191

Return to:
Office of the City Clerk
Attention: Debbie White
320 Broadway
Hannibal, Mo 63401
Phone (573) 221-0111

**TAXI CAB LICENSE
CITY OF HANNIBAL MO.**

Please Print

Name _____
Last Middle

Address _____
Street City State Zip

Date of Birth _____ Social Security Number _____

Business Phone _____ Home Phone _____

Please submit proof of Insurance with this application

VEHICLE 1

Make _____ Model _____

Year _____ State License Number _____

Engine Number _____ Factory Number _____

VEHICLE 2

Make _____ Model _____

Year _____ State License Number _____

Engine Number _____ Factory Number _____

VEHICLE 3

Make _____ Model _____

Year _____ State License Number _____

Engine Number _____ Factory Number _____

VEHICLE 4

Make _____ Model _____

Year _____ State License Number _____

Engine Number _____ Factory Number _____

Application approved by: _____

Title: _____ **Date:** _____

Missouri Department of Revenue, Business Tax Bureau – Phone (573) 751-5860

License Number: _____ **Fee:** _____ **Date:** _____

BUSINESS INFORMATION

Name of Business _____ Missouri Sales Tax I.D. # _____

Address/Location of Business _____ Mailing Address _____

Business Phone Number _____ Fax Number _____

Type and/or Nature of Business (in detail) _____

APPLICANT INFORMATION

Name of Applicant _____ Phone Number _____

Social Security Number _____ Driver's License Number _____

Applicant is Owner _____ Manager _____ Agent _____ Home Address _____

City _____ State _____ Zip Code _____

I hereby certify that all information provided above is true and accurate and that I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been obtained.

Signature: _____ **Date:** _____

State of _____

County of _____

On this _____ day of _____, 20____ before me personally
_____ appeared _____

known to me to be the individual described in and who executed the foregoing instrument and knowledge to me that he executed the same.

My Commission Expires

Notary Public

Building Department Inspection
573-221-0111 (ext 205)

Approved Disapproved N/A

Zoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off Street Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building, Structural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Salon Chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Tanning Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complies W/H1 Dist Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Approval By: _____ Date: _____

Fire Department Inspection
573-221-0657

Approved Disapproved N/A

Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Approval By: _____ Date: _____

Marion County Health Department Information
573-221-1166

Premises Meets the Requirements of the Marion County Health Department.

Final Approval By: _____ Date: _____

REMINDER:

Two forms of ID are required to meet State requirements which mandate the City's attempt to verify citizenship. Acceptable documents are Birth Certificate, Driver's License, Social Security Card, or Passport.

ATTENTION:

BUSINESSES SELLING GOODS AT RETAIL SALES:

New requirements as of January 1, 2009 as a directive from the State of Missouri, State Statutes (Section 144.083.2 & 144.083.4 RSMo) reads as follows:

The possession of a statement from the department of revenue stating no tax is due shall also be a prerequisite to the issuance or renewal of any city business license required for conducting business where goods are sold at retail. The statement of no tax due shall be dated no longer than ninety (90) days before the date of the renewal of the city license.

You may access this information on the DOR's Web site, seven days a week, 24 hours a day.

You will need your Missouri Tax Identification Number and Pin (the Dept. of Revenue has already assigned the PIN # and it can be found on the front of your return or voucher book.)

Go to: www.dor.mo.gov

Scroll down to under "What's New"

Click on *On-Line License No Tax Due Information

Log into on-line License No Tax Due System

Choose *Business Owner/Tax Payer

You will be able to print your own Statement of NO Tax Due to use when obtaining or renewing your business license.

NOTE****If your business does not make retail sales, you are not required to present a statement of no tax due to obtain or renew your license.

If you have any questions, please contact:

Missouri Department of Revenue
Taxation Division
816-889-2944

MARON COUNTY EMERGENCY SERVICE

PO BOX 798

Hannibal Mo 63401

Voice/TDD (573)221-1806

Fax (573) 221-0964

KEYHOLDER REGISTRATION

Business Name _____

Address _____

Business
Phone _____

Alarm Company
Name _____

Phone Number _____

Please list at least 3 contact people we can call in case of and emergency when the business is closed

Name	Home Phone
_____	Number _____

Other Phone
Numbers _____

Name	Home Phone
_____	Number _____

Other Phone Numbers _____

Name	Home Phone
_____	Number _____

Please list business hours, lights left on, cleaning crew & schedule, and any other information that may be relevant to your after business hours:

OFFICE USE ONLY

Received	Date:
By: _____	_____

Entered by: _____	Date: _____
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